

RELAY ENTRY Cowichan Challenge Triathlon July 11, 2010

Main Event Relay (long course 1000 m swim, 32 km bike, 9 km run)

Regular Entry fee per team	Deduct \$6 per person for each valid Tri BC Member	Total payable
2 PERSON TEAM \$112		
3 PERSON TEAM \$168		

Team Captain information (Full payment, all team information and waivers must be mailed together)

*First Name: _____ *Last Name: _____

*Address: _____

*City: _____ *Province: _____ *Postal code: _____

*Day Phone number: (_____) _____

*Email address: _____ (team correspondence will be sent to this address only)

*Date of Birth: Day _____ Month _____ Year _____

Your Tri BC membership number * _____

Please note a \$6 day of race fee will be charged per team member if a Tri BC membership number is not provided. Tri BC ID card will be asked for at check in.

TRIATHLON BC WAIVER

RELEASE AND INDEMNITY PLEASE READ CAREFULLY

I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assigns, hereby forever release, discharge and hold harmless Ceevacs Roadrunners Club and Triathlon BC (Tri BC) representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in Ceevacs Roadrunners Club and Triathlon BC organized events and activities and notwithstanding that the same may have been contributed to or occasioned by the negligence of the Ceevacs Roadrunners Club or Triathlon BC representatives or agents. I acknowledge that I am responsible for the roadworthiness and correct operation of my bicycle. I realize that I may be subject to unannounced drug testing as provided for by Triathlon Canada's agreement with the Canadian Centre for Ethics in Sport.

In witness thereof, I have hereunder set my hand this:

Day _____ of _____, 2010

Team Captain Printed Name

Team Captain Signature

Signature of Parent/Guardian if Under 19 years of age

Witness Name

Witness Signature

RELAY TEAM MEMBERS

*Relay Team Name _____

*Relay Team Category:

- Male
- Female
- Mixed

*2nd Relay Member First Name _____ Last Name _____

*Date of Birth: Day _____ Month _____ Year _____

*Tri BC membership number _____

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In witness thereof, I have hereunder set my hand this:

Day _____ of _____, 2010

Printed Name

Signature

Signature of Parent/Guardian if Under 19 years of age

Witness Name

Witness Signature

* **3rd Relay Member** First Name _____ Last Name _____
* Date of Birth: Day _____ Month _____ Year _____
* Tri BC membership number _____

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In witness thereof, I have hereunder set my hand this:

Day _____ of _____, 2010

Printed Name

Signature

Signature of Parent/Guardian if Under 19 years of age

Witness Name

Witness Signature

Mail completed entry form, signed waivers and cheque made payable to CEEVACS to:

CEEVACS ROADRUNNERS:
c/o J. Frank
1409 Donnay Drive
Duncan. BC
V9L 5R4